



# Authorization for Expenditures/Commitments in Excess of Funds Available

Office of Sponsored Programs  
1960 Kenny Road, Columbus, OH 43210-1016

## Instructions

This form authorizes Office of Sponsored Programs (OSP) to issue a grant prior to receipt of award from sponsor or to allow for continued expenditures/commitments on an existing award/grant in anticipation of continued funding or time from sponsor.

Correctly reflect the specific entity expected to provide the funding agreement to Ohio State under Sponsor (for example, use NIAID and not NIH; or in the case of flow-through, use the sponsor from whom Ohio State will receive an award and not the prime sponsor). Cost transfers may be required later by the department if the provided sponsor is incorrect and expenses are incurred on the grant.

Grant numbers cannot be issued if the principal investigator (PI) is not in compliance with conflict of interest requirements or if human subject or animal protocols have not been approved. Costs incurred outside the period of performance may NOT be allowable or may require prior approval from sponsor.

## Proposal/Award Information

Completion of this form requests: *Choose one*

- Issuance of OSP grant prior to award receipt. Provide Proposal AWP number or PA-005 number \_\_\_\_\_
- Continued expenditures/commitments on existing OSP award/grant in anticipation of receipt of future funds/additional time. Provide Award AWD/Grant GR number \_\_\_\_\_

Principal Investigator

Department/Cost Center

Sponsor *Reflect the specific entity expected to provide the funding agreement to Ohio State.*

Anticipated Total Budget

Period of Performance

## Authorization Statement

In the event the anticipated sponsored agreement is not received or sponsor payment is insufficient to cover expenditures incurred against this Office of Sponsored Programs grant, any unrecovered or unallowable expenditures will be transferred to:

University Fund Number *If blank, charges will be transferred to department release time fund.* \_\_\_\_\_

Principal Investigator Signature

Date

Chairperson Signature

Date

## Form Submission

Return To

Email

**\*\* Office of Sponsored Programs Use Only \*\***

Preliminary Award/Grant Number:

Date: